								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI								10/7,11815						
			10/1/18/2											
	•	CLAIMS AS	FILED - (Column				SMALL ENTITY		OR	OTHER THAN				
TOTAL CLAIMS							Γ	RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			/6 ⁻ minus 20=		• -			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS .			/ minus 3 =		·			X40=		,	OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				l	+135=			OR	+270=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			column 2	L	TOTAL			OR	TOTAL	790	
CLAIMS AS AMENDED - PART II												OTHER	THAN	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	SMALL ENTITY		OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Minus	**		=		X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40	=		OR	X80=		
	FIRST PRESENTATION OF MI		JLTIPLE DEPENDENT		CLAIM			+135	=		OR	+270=		
								TO	TAL			TOTAL		
		(Column 1) (Column 2) (Column 2)							ΈE		J~''.	ADDIT. FEE		
		(Column 1) CLAIMS		(Column 2) HIGHEST		(Column 3)	Γ			ADDI-			ADDI-	
AENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RAT	Ε	TIONAL FEE_		RATE	TIONAL	
MON	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=		
AMENDM	Independent	•	Minus	***		=		X40:	_		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135	_	V	OR	+270=		
							L		TAL	<u> </u>		TOTAL		
								ADDIT. FEE			OH ADDIT. FEE			
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									455:	Ī		ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	3	=		X40	=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	T CLAIM		1					1970-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270= TOTAL	<u> </u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	ADDIT. FEE		
	The Highest Num	nber Previously Pa	id For (Total o	r Independ	dent) is the	e highest number	r fou	ind in th	е ар	propriate bo	x in co	dumn 1.		